



04/20/2004 08:23

1-920-954-1098

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PAGE 02

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

George R. Corrigan	(Depositor's name)
	(Signature)
Mar 120, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/827,440	04/06/2001	James M. Thommes	ITW 7188C	6197

TITLE OF INVENTION: METHOD AND APPARATUS FOR RECEIVING A UNIVERSAL INPUT VOLTAGE IN A WELDING POWER SOURCE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	02/05/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SHAW, CLIFFORD C.	1725	219-1370PS			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 George R. Corrigan  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Illinois Tool Works Inc.

Glenview, IL

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2018 is attached. Advance Order - # of Copies 10 The Director is hereby authorized to charge the required fees(s), or credit any overpayment, to Deposit Account Number 50-0599 (enclose an extra copy of this form).

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02 FC:1504	300.00	DA	
03 FC:8001	30.00	DA	

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PTO-85 (Rev. 10/03) Approved for use through 04/30/2004. OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PAGE 2/3 \* RCVD AT 4/20/2004 10:25:47 AM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-2/4 \* DNI:7464000 \* CSID:1920 954 1098 \* DURATION (mm:ss):04:42

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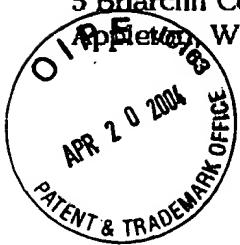
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### FAX COVER SHEET

NAME: USPTO - Issue Fee

FAX NO.: (703) 746-4000

Applicant(s): James M. Thommes  
Docket No: ITW 7188.63  
Serial No: 09/827440  
Filed: April 6, 2001  
Title: Method And Apparatus For Receiving A Universal Input Voltage In A Welding Power Source

Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

### TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. 1.18(a) and (b)) for utility application for other than a small entity is \$1330.00
3. Fee (37 C.F.R. 1.18(d) for publication is \$300.00
4. Other fees: Please provide 10 copies of the patent. \$30.00
5. Payment of fee: Charge Account 50-0599 for this fee of \$1660.00 or any other fee due.
6. A duplicate of this request is attached.

Total pages (including this sheet): 3

DATE/TIME TRANSMITTED: April 20, 2004

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